Thesis.

Cerebro Spinal Meningitis

To

The Homœopathic Medical College

of

Pennsylvania

By J. J. Whittington M.D.

Feb 1867

Epidemic Cerebro Spinal-
Meningitis

Of all the various deseases which from time to time have by the sud denes of their outbrakes rapidity of extension and great fatality startled and allarmed mankind few have been the subject of so much controversy with regard to nature and origin as the much dreaded dis ease improperly call, Spoted Fever, Correctly Cerebro Spinal Meningitis It seems a strange thing in this age of ~~Medical~~ advancement in Medical science so much diversity of Opinion should exist with regard to a malady so alarming fatal and engageing fully the attention not only of the profession but of the most enlightend Government.

When the Epidemic in northern

Germany was beginning to attract
attention and create some alarm
in England & the medical officer of
Privy Council instructed Dr Sanderson
to proceed to Dantzic for the purpose
of investigating the nature cause,
prevention and treatment of the disease
also its progress and extent as
an Epidemic Previous to this the
Russian Government had caused
a simular investigation to be made
by Professor Hirsch of Berlin about
the same time also Dr Murchison
of the London Fever Hospital induced
by so supposed relation to Typhus Fever
a disease on which he stood high as
authority - Collecting information from
the most reliable workers both in this
Country and in Europe and care
- fully arranging the various descriptions

and views of those and other able writers
came to the conclusion natural for one
who himself had never seen the desease
namely "it partook of the nature of
Typhus Fever" give his own words
Stated easily but with some defidence
he himself having never witnessed
the malady "I agree entirely with the"
opinion expressed by Dr Upham, "
"the disease he says seems to me to "
"partake of the nature of true Typhus in
a severe and malignant form identical
in its essential Elements with the Typhus.
Fever of Great Britain which under the
names of Maculated Typhus "Ships
Fever Camp or Goal Fever has many
times been observed in this Country
having in this instance a special det
-ermination to the Menungitis of the
brain and Spinal cords and if we study

the accounts of the Epidemic Cerebro
Spinal Meningetis which is said to prev
ail at present in Russia and Germany.
by the light of the american description
we are forced I think a similar
conclusion. Immediately to recapit-
ulate the symptoms of this Epidemic
for they are almost identical with
those observed in America including
an eruption which sometimes resembles
that of Measles. But if we bear in
mind further that this Russian
Cerebro Spinal Meningitis is said to
be decidedly infectious" that its prevalence
is favored by over crowding and bad ventil-
ation and that there is a concurrent-
" Epidemic of undoubted Typhus Fever
It seems probable that the infectious
Cerebro Spinal Meningetis of Russia
and Germany is nearly Typhus

running a rapid course with severe
cerebral symptoms, and sometimes
"with actual (hæmorrhagic) as in the
cases observed at London Fever Hospital".
Professor Hirsch states that the Epid
-emic may be said to have over run
all Germany. The disease first appe
-ared in Feb 1864 in Bromburgh a
town of 3000 inhabitants distante
100 miles from Dantzic. It first
prevailed as an epidemic untele the
middle of June when it entirely disapeard.
During this period 160 ~~persons~~ persons mostly
children wer attacked and about 50 deed
at the end of 1864 or begening of 1865
it reappeared in the department of
Dantzic and between the 2d of Jan
and the 21st of March 1865 it proved
fatal in nearly 900 persons most of whom
wer children under 14 years of age; the

Irons however to have formed no decided opinion as to the real character of the disease; and of its communicability he says "I do not venture to give a decided answer though I must confess I cannot deny it wholly"

The local conditions on which he thinks it depends are overcrowding with bad ventilation. Dr Marcus of Carthage however is strongly disposed to attribute the spread of the disease to Contagion

Drs Saundersons differs in his views from these observations, His description of the disease as drawn from the notes of 50 cases. The disease comences sud-denly with rigors profuse vomiting intolerable headache and giddiness After these symptoms have continued for several hours, the patients thoughts become confused headache continues

while other pains fix themselves
in the muscles of the nape of the
neck or of the ~~abdominal walls~~,
small of the back or of the abdominal
walls. after a few hours the patient bec-
omes violently delerious, while at the
same time the head is drawn back
and the thighs are drawn up by muscular
contraction. When the delerium has lasted
for a few days the patient in the most-
malignant cases lapses into entire
insensibility which continues till death
in a few rear instances he regains complete
conciousness as the delerium ceases and
enters on convalessence; much more frequ-
ntly he is left on the third or fourth day
of the disease (if he survives the first onset)
in a state of extreme nearvous depression
which is usualy of long duration and
which is characterised by impairment of

of consciousness; perversion of both com
mon and special sensibility; marasmus
and excessive muscular weakness; ~~the~~
during the stage he frequently utters
piteous cries of pain. at night usually
sleeps little. wonders quietly and is
liable to recurrence of initial symptoms;
~~the~~ consciousness returns the patient often
finds that he has become paralyzed
or that his sight or hearing is destroyed.
or on the other hand he may be so
exquisitively sensitive that light and
sound are intolerable; and all other
external impressions painful. Contrac
tion of the muscles of the back of the
neck is a symptom which has been
regarded as the most distinctive
characteristic of the disease. no less
by scientific writers than by the public.
On this head Dr Sunderson makes

the following important observations.

"This symptom did not present itself
in the acute stage in any of the cases
in the excessive form in which it has
been described by some Physicians
no case came under my observations
in which the contractions of the back
of the neck were of such a character
as to be correctly called Tetanic, it
was almost always observed that
the head was thrown backwards and
that the patient complained of agonizing
pain in the nape and occiput: but on
placing the hand on the trapezius it
was found that although any effort to
straighten the neck was resisted and aggra
vated the suffering of the patient, no
tightness was felt so long as the head
was allowed to retain its retracted
position it was not till I attempted

shaughten the neck that the muscles became hard and even then the hardness was not comparable with that which was felt in Tetanus. It is of the utmost importance to notice that there were some instances of palients whom I saw early in the first stage of the disease (the day following the delerium) in whom I could not detect a trace of petrafaction of the head stiffness of the muscles or anything else remarkable. Dr Saunderson however states it probable that the symptoms was developed at a later stage. no mention is made in his report of any eruption, but from the cases given in the appendix, an eruption of herps on the face appeard in one of the nine cases petechial spots not raised above the surface each about the 1/8 of an inch in diamater were seen in considerable numbers on the trunk

Professor Hirsch on the other hand never met with well developed petichiæ but he witnessed herpes on the face and some other eruptions resembling measels Scarletina or roseola. Dr Anderson had an opportunity of investigating the post mortem result of Cerebro Spinal Meningetis in four cases. and Professor Hirsch in a like number, in Seven of the Eight Cases. piamater of the brain and Spinal chords was infiltrated with gelatinous or puriform exudations. It is as a remarkable circumstance that exudations covered the posterior surface of the chords. while the anterior surface was allmost entirely free from it. The exudation was beneath the arachnoid and not in its cavity. In this respect the lession differs from what Dr Rhemiarsky reports

that he has found in Typhus Fever
of St Petersburgh. In one of Hirsch's
cases there was no trace of exudation
on the surface of the brain or cord
although the desease had lasted 36
hours with the usual characteristic
symptoms. The other morbid condition
were chefly a dark fluid condition
of the bloods, hypostatic congestion
of the lungs and enlargement with
softning of the spleen. In one of Dr
Saundersons cases the spleen weighed
no less than one pound seven ounces
and was soft and hyperemic. Enl
-argement with softning of the spleen
is not a constant phenomenon; and
according to the observations of Dr Klebs
of Berlin is chefly found in cases of
short duration. Still it has been met-
with in so many cases that it is suppo-
sising

from Dr Griesinger of Tubingen
can found a destinction between Cerebro
Spinal (meningitis and such infectious
diseases as Typhus Fever, on the absence
of any splenic lesion in the former mal-
-ady. Dr Saunderson's experience has
led him to the decided opinion that the
Dantzic epidemic is not communi
-cable by personal intercourse. With
regard to treatment - the plan gener
ally generally followed by the German
Physicians was the local abstraction
of blood from the head; and the
administration of Calomel. This disease
having occured in an Epidemic form
during the winter of 1865 and the early
part of the summer following; in the
locality in which I was practicing afforded
me an opportunity of witnessing the malady
under various circumstances and in

different degrees of intensity: I shall give a Sketch of certain Severe and well marked cases selected from my notes. and state the conclusion at which I have arrived after close and anxious observation of the disease.

Case 1st

In February 1865 I was called in the Evening to see M. C— aged 15 years, male. His Mother stated that he had been in ordinarily good health the evening previous, On the forenoon he retired to bed feeling chilly. in the afternoon she found him vomiting and delerious on my arrival I found him wandering face flushed. pupils. ~~his eyes~~ pupils dilated vis insensible to light. heat generly hot. pulse 100. full and strong; the vomiting had ceased. Administered Calomel

and bottom oil applied Synopsisms
to the nape of the neck. and bladders
with pounded ice to the head. This
treatment was commenced at 5 PM and
continued until to nearly midnight-
when the bowels wer suddenly and
freely opened. After this the febrile
symptoms abated. and the patient-
became Conscious and tranquil.
Early on the following morning the
hands and feet became cold for
a time. then febrile reaction succeeded
with an increase of all the severe symp
-toms of the previous night. wild maniacal excitement followed; the patient
requiring constant restraint to Keep
him in the room which he paced
wildly up and down. at this stage
the head was firmly retracted Except
the muscles of the neck all continued

perfectly free the wiles delerium contin
- ued to increase and the palent died
I beg leave to hear say that wen I now
called on in a case like the above I
should immediatly have administered
Belladonna of the 30th or higher potency
applied no blesters no cold water for if
water was indicated at all it was hot-
water bettles none at all. the retraction
of the head strongly indicated Bellado
also the dilated pupils, Congestion to
the heads, nausea and vomiting all
are striking symptoms of Belladonna
In the above case I gave Quinine during
the intermision and opium freely during the
later stage without exciting any preceptible
influence what ever There wer four younger
children in this family. all had free intercou
urse with the palient. no other case of the
desease occured A short time previous

to death a few dark purple spots exactly
resembling those of Rupura we prece
-ptible on the face

Case 2d

W. E. aged nineteen. found him in
a state of wildest delirium requiring two
men to hold him in the bed pulse one
100 had (when visiting another member
of the family on the previous evening
apeared in most perfect health and
preparing to walk a distance of two miles
ove the snow to a neighbouring town the
evening was intensely cold and on his
return at night. he was attacked with
chilness and vomiting soon succeeded
by fever and delirium; which continued
which continued like the next night
when I saw him. I administered
calomel and Ulors every 2 hours with
ice to the head and blisters to the nape

of the neck and occiput the head was perfectly retracted. On the morning there being a slight remision of the symptoms Quinine was freely given

The case continued thus for several days there being evening exacerbations and remissions in the mornings; but terminating gradualy in perfect recovery the retraction of the head was the last symptom to disappear. No rash or eruption was observed. There were five other members of the family, there being younger all having free and constant communication with the patient.

No other case of the desease occured in the family

I beg leave to state here that in my opinion this case was cured by Opium. If I was now called on in such a case. If I could see the patient in the first stage of the desease

I should not hesitate to give Belladonna
in high potencies. and or in the 2d stage
Opium Case 3rd
F N— aged eleven. female complained
of headache and general pains. thighs
drawn up and flexed on the abdomen.
Head drawn back. This symptom
was constant. The delerium of a mild
character the patient utterer low cries
of pain. increased by motion and
constantly called for food and drink
which was genery refused when offered
These symptoms gradualy subsided
after a few weeks leaving the patient in
a state of the greatest prostration and
emaciation. The last symptom to disap
pear was the retraction of the head. No
eruption was observed. The other members
of the family amounting to nine in number
all escaped the epidemic. The treatment

consisted of mild mercurial, alteratives
and Tonics in medium alopathic doses
. The Homeopathic treatment in this case
I think should allso have been, Bell

Case 4th

J. H. aged fourteen. female attacked
suddenly with fever and violent deli
-rium. with intense headache and
accompanied by an Eruption resembling
rubeola, and terminating in total
loss of one eye from amaurosis. The
general health was restored after a
few months. The treatment Alopathicly
the same as the former cases. Homeop
athic treatment Belladonna or Opium

Case 5th

E. F. female aged 6 years attacked
with febrile symptoms low delerium
pupils widely dilated iris not sensative
to the action of light. Death on the

fourth day by coma and convulsions
the retraction of the head was constant
a few dark purple spots appeared
previous to death on the face and
breast. (no other case of the disease
occured in this family which was
larger allopathic treatment same as prece
ding cases. Homeopathic treatment Nux os
-cyanus Nigra

Case 6th

S. W. female aged four. Attack coma
on with symptoms closly resembling
those in the early stage of Hydrocephalus.
Periodic Exacerbations and remissions
muscles of the neck gradualy becoming
more and more contracted untill the head
was strongly drawn back and became
fixed in that position

On the fourth day an eruption resemb
-ling rubeola appeared over various

parts of the body. followed immediately
by an improvement and remission
of all the worst symptoms

For two days the
patient progressed favourably then
an exacerbation occured followed
soon by an eruption of well marked
urticaria after which there was another
remission and for three days all went-
on favorablely. then occured another
exacerbation quickly followed by a
general eruption of Eczema after the
full development of which a rapid imp
-ovement took place and the little patient
was soon restored to good health

The treatment consisted of mild mercurial
alteratives and Quinine to combad the periodic
exacerbations

There wer three other children
in this family no other cases occured

retraction of the head continued for some time after the patient had entered on Convalessence

From observing these and other nearly similar cases the conclusion arrived at was

1st That Spotted Fever is a false name as applied to this disease associating it ~~with~~ in the public mind with plague typhus &c of the old world from which it differs certainly in not being contagious besides that the appearance of an erup tion is by no means a constant symptom

2d That it is not caused by overcrowden g or want of ventelation or miasmatic influ ences all the cases cited and others; having occured in families of the better claps residing in comparatively healthy localities and being under under favorable hygienic conditions while others in the

same neighbourhood living under
the most opposite and unfavorable
influences have escaped entirely
3d " That it is a blood poison
dependent on unknown atmos-
— pheric conditions for its production
or development. The last case men-
— tioned shows in a very interesting
manner the strong prescient and suc
— cessful effort made by nature to
eliminate the poison from the system
by three successive forms of eruption
4th " That it is not telanic in character
there being in no case witnessed or recorded
when there were paroxysmal contractions of
the muscles; that of the nape of the neck
being persistant while a trace of the
desease remained
5th " That both with regard to the diag
— nosis and prognosis the last mentioned

symptoms namly retraction of the head
is the all important point-destinguishing
it from pneumo cardio pathetic Meningitis
in which (among children, with equal
severe symptoms the prognosis may be
set down as fatal, and stamping it as
Cerebro Spinal Meningitis. and giving
fair hope of recovery (under judicious
Homeopathic treatment in six cases out
of ten.